
APPLICATION DATA SHEET

Application Information

Application number::	Not yet assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	None
Sequence Submission?::	No
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	0
Title::	TISSUE INFILTRATABLE PROSTHETIC DEVICE INCORPORATING AN ANTIMICROBIAL SUBSTANCE
Attorney Docket Number::	D0188.70141US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	1
Claims::	37
Small Entity?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Roger
Middle Name::	E.

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Family Name:: DAROIS
City of Residence:: Foster
State or Province of Residence:: RI
Country of Residence:: US
Street of mailing address:: 20 Heather Lane
City of mailing address:: Foster
State or Province of Residence:: RI
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02825

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: N.
Family Name:: ELDRIDGE
City of Residence:: Exeter
State or Province of Residence:: RI
Country of Residence:: US
Street of mailing address:: 50 Raymond Potter Lane
City of mailing address:: Exeter
State or Province of Residence:: RI
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02822

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Donna
Middle Name::

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Family Name:: TORRES
City of Residence:: Attleboro
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 42 Seth Drive
City of mailing address:: Attleboro
State or Province of Residence:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02703

Correspondence Information

Correspondence Information::

Name:: John R. Van Amsterdam, Ph.D., Esq.
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State or Province of mailing address:: MA
Country of mailing address:: US
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E-Mail address:: jvanamsterdam@wolfgreenfield.com

Representative Information

Representative Customer Number:: 23628

Domestic Priority Information::

Application::	Continuity Type::	Parent Application::	Parent Filing Date:: MM / DD / YY
N/A			

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Foreign Priority Information::

Country::	Application Number::	Filing Date:: MM/DD/YY	Priority Claimed::
N/A			

Assignee Information:

Assignee name::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::